BURGH OF DUNFERMLINE.

REPORT

BY

MEDICAL OFFICER OF HEALTH

FOR YEAR ENDING 31ST DECEMBER 1925.

Printed at the "Press" Office, Dunfermline.

TO THE LOCAL AUTHORITY OF

THE BURGH OF DUNFERMLINE.

GENTLEMEN,

I beg to submit to you my Report on the health of the Burgh of Dunfermline for the year ending 31st December 1925.

Our population as estimated to the middle of 1925 was 40,872, a decrease of 468 as compared with the total of the previous year. The explanation of this decrease is undoubtedly the closing down of Rosyth—a step taken by the Government in their economy campaign which may reflect ultimately to the benefit of the nation as a whole, but which has already exerted, and will for a considerable time continue to exercise, a very adverse effect on the financial well-being of the Burgh.

The number of births registered was 773, of which 61 fell to be transferred out and 22 transferred in, leaving us a corrected total of 734 births. This represents a birth-rate of 18 per 1000 of the population, and comparison with the three previous years shows a progressive decline in the birth-rate from 20.2 per 1000 (1922), 20 (1923), 18.7 (1924) to this year's figure of 18 per 1000. The fall is not a serious one, and in the hard times at present prevailing amongst the working classes, with unemployment practically pandemic and the dole system the only means of livelihood to so many, a lowered birth-rate is rather a matter for congratulation than for regret. Of the 734 births, 33 were illegitimate—an illegitimate rate of 4.5 per cent. of births, which compares unfavourably with last year's illegitimate birth-rate of 2.8 per cent.

The number of marriages registered was 231, a slight increase on last year's total of 220. For a true increase in both marriage-rate and birth-rate, we must await better industrial conditions both in the linen trade and in the coal industry.

516 deaths were registered, of which 88 fall to be transferred out; 43 deaths were transferred in, so that the corrected number, arrived at by deducting the outs and adding the ins, of deaths is 471. This number represents a corrected death-rate of 11.5 per 1000 of the population, the second-lowest death-rate I have ever been able to record. It is always interesting to compare the causes of death with those of former years. The chief variation is generally to be found in the Epidemic or Infectious group of diseases recurring, as many of those do, in almost definite cycles. Increased prevalence may not in itself compel a higher death-rate, but increased prevalence always implies increased opportunity for fatality. We who are in close touch with infectious diseases know that over a lapse of years there has been a marked change in the constitution of both Scarlet Fever and Diphtheria. As a result of notification, we know that the prevalence of these two diseases shews practically no diminution, but from our mortality returns we also know that there has been a very gratifying diminution in their fatality.

The annihilation of Diphtheria as a death factor must be attributed to the combined influences of notification and antitoxin, the one—notification—the educative preventive measure, and the other—antitoxin—the curative measure. Considering further our returns, we find that Measles was responsible for 11 deaths, Scarlet Fever 5, and Whooping Cough 4. It is again noteworthy that no fatal case of Diphtheria occurred during 1925—a similar experience to that of 1924. Cancer returns 52 deaths—a figure that represents one-ninth of our total death rate. Once again the pendulum of incidence has swung to the female side, 30 female deaths and 22 male deaths from malignant disease having been recorded. No fatal case of Cancer occurred in persons under 35 years of age, but above that age it is responsible for practically one-sixth of the total deaths. As yet we are still waiting hopefully for laboratory news anent the causation of Cancer. The search is unremitting at home and abroad, for only joint international efforts can be expected to succeed in the unravelment of this world-wide problem. Whether the definite proof of causation, if attained, will lead to any marked diminution in the mortality rate of malignant disease, or whether the discovery will prove chiefly of academic interest, time alone can tell. At the present time early recognition, followed by early surgical intervention, is undoubtedly the line of treatment that holds out most hope.

Tubercular conditions still continue to exact a heavy toll on human lives. 31 cases of Pulmonary Tuberculosis proved fatal during the year, and 7 cases of Non-Pulmonary Tuberculosis. These figures compare with 18 Pulmonary and 19 Non-Pulmonary deaths in the preceding year, and they tell us very decidedly that the Tuberculosis problem is still a very active one in our midst, and fully justifies the progressive step taken by the Local Authority in entering into partnership with the Ochil Hills Sanatorium. Apoplexy and Heart Disease were accountable for 54 deaths each—results very much in accordance with those of recent years. The underlying cause of the majority of these deaths is simply tear and wear of everyday life so far as they affect the main circulatory pump—the heart, and the blood vessels, and many of them are symptomatic of advancing senility. They go to prove the truth of the old aphorism—"a man is as old as his blood vessels." Bronchitis 24, Pneumonia 20, and other respiratory diseases 10, represent the fatality of this special group. Encephalitis returns 5 deaths, and Meningitis (not Tubercular) 2. The other main causes of death are Appendicitis 10, Nephritis 12, Violence (including suicide) 24, and Diseases of Early Infancy 27.

Davaar.—In considering the work at Davaar during the year under review, the outstanding feature undoubtedly is its increasing popularity in the public mind, as evidenced by the marked increase in the number of patients admitted. Reference to my previous reports will show that these results are only in accordance with the expectations I have freely expressed. My main contention in recent years has been that the West of Fife requires urgently a Maternity Hospital in lieu of a Maternity Home, and last year I briefly defined the difference between the Home idea and the Hospital. I am very pleased to be able to report that the Scottish Board of Health have, as the result of my repeated recommendations, now taken up the question definitely, for I know that the facts when carefully examined will make it impossible for the governing bodies to refuse their united sanction to the establishment of a Maternity Hospital in our midst. Davaar as a Maternity Home may have been an experiment, but who can gainsay its success! In the course of five years it has far outgrown its own peculiar

function as a home for ordinary confinements, and now, with professional opinion fully alive to its advantages and its conveniences, both to the patient and themselves—with the great lessening of female suffering that must result from the improved surroundings and the skilled care of a competent nursing staff—with the saving of the lives of mother and child, alike through the avoidance of certain well-defined ante-natal risks and the more efficient handling of the numerous inevitable maternity dangers when they do assert themselves—and most of all with the strengthening and welding together of the personal bond that links the general public to their " Home " at Davaar, the way has been definitely cleared for the great step forward from a Home to a Hospital, with its wider doors of access and its ready welcome to all who suffer on behalf of the race for the sake of the race. In 1924 the number of cases treated in Davaar was 169; in 1925 the number of admissions was 245. Such an increase in the work pleads eloquently for extension, for no one in practical touch with hospital administration can be blinded to the fact that such overcrowding means treading very closely to the danger line at times. It is very easy for the fire-side critic to say bluntly that overcrowding implies bad management, but the emergencies of midwifery are often of such a nature that they compel admission, despite the well-meaning restrictions laid down by the ruling powers. As already mentioned, 245 cases were admitted during 1925, of which 165 belonged to the Burgh of Dunfermline, 51 to the District Committee, 14 to Lochgelly, 6 to Cowdenbeath, and 9 to other districts. There were 177 births—the legitimate work of a Maternity Home. If we deduct this total from the 245 admissions recorded, we find that the balance of 68 cases were really cases for a Maternity Hospital. I need not discuss the nature of these admissions here, as an opportunity will be afforded us later at the Joint Conference of the interested Local Authorities, called by the Scottish Board of Health to consider the whole question of a Maternity Hospital for the West of Fife. I have great satisfaction in reporting that we had no maternal death during the year, despite all our difficulties in regard to accommodation. Three babies died, and there were eight still-born births. Might I take this opportunity of testifying to my personal appreciation of Miss Nicoll's services as Matron? I have the most intimate knowledge of the difficulties of her post, and I have had every opportunity afforded me of forming a clear opinion as to her professional fitness. From my experience of her work, I know that she is entitled to the fullest confidence of the general public, and the loyal support of the medical staff. The knowledge that the House Committee trust her absolutely ought to be a distinct source of strength to her in the discharge of her varied duties, and enable her to meet petty fault findings with equanimity.

Venereal Clinic.—The work at the Clinic continues to follow pretty much the same lines as hitherto, and the statistics tell us that the variation in a year's work is almost negligible. There was a slight decrease in the number of new cases compared to last year—the respective numbers being 252 and 270—but one must remember that in 1923 the new cases only numbered 244, so that 252 is a fair average number. The proportion of males to females is shown by the figures 185 to 67. The number of attendances for treatment during the year was 8462—a slight fall in last year's record number of 9009, but a number that shows that the necessity for the Clinic is as strong as ever; and further, that much good work is being done. The arrangements for the Clinics continue the same, viz., Mondays, Thursdays, and Fridays, at 7 p.m. for men, and 5 p.m. on the same days for women, with an additional at 11 a.m. on Mondays for men only.

Infectious Diseases.—The following table shows the prevalence of notifiable infectious diseases during the past 5 years :—

	1921	1922	1923	1924	1925
Scarlet Fever	153	121	103	228	251
Diphtheria	124	89	61	39	60
Erysipelas	27	25	20	20	23
Typhoid Fever	5	1	2	4	—
Puerperal Fever	1	1	2	5	7
Pulmonary Tuberculosis	52	39	49	45	40
Non-Pulmonary Tuberculosis	14	13	46	17	28
Smallpox	2	0	0	0	0
Pneumonia	19	23	43	50	35
Influenza Pneumonia	19	9	12	17	12
Ophthalmia Neonatorum	6	7	10	16	7
Malaria of Dysentery	0	0	3	1	0
Totals	422	328	351	441	463

From the comparison of the figures submitted, we find that the total prevalence, as exemplified by the notifications recorded, was higher in 1925 than in any of the four preceding years. Scarlet Fever as usual leads the way with a total of 251 cases, an advance of 23 cases over last year. The other chief advances are Diphtheria, which rose from 39 to 60, and Non-Pulmonary Tuberculosis from 17 to 28. The type of Diphtheria notified was mild, and, as already mentioned, we had no fatal case during the year. The notification of Non-Pulmonary Tuberculosis is always variable, and depends largely upon the zeal of the observers—more particularly in regard to the attitude they adopt towards the nature of enlarged glands in the neck and elsewhere. Pulmonary Tuberculosis, with a total of 40 cases notified, is still a very serious problem with us. At long last we have come to a definite arrangement with Ochil Hills Sanatorium for the partial control of several beds. This is certainly a step in the right direction, but from the administrative and preventive point of view, we have still to lament that sanatorium authorities continue to shut the door against admission of the advanced cases. I wonder how long the Board of Health will acquiesce in this policy! Their medical advisers cannot shut their eyes to the fact that advanced cases are the great spreaders of infection, and that a Tuberculosis campaign that urges and sanctions Sanatorium provision for Tubercular cases, and practically connives at the rejection of advanced cases, is wilfully shirking the main issue. To every Local Authority Tubercular disease is a very costly responsibility, and while it is quite true that progress is being attained, and that the mortality is being slowly driven down, if we judge by the tabulated results over a period of years, I have no hesitation in affirming that the time has come for a complete revolution of sanatorium policy. Instead of refusing advanced cases, let the early cases be refused, and let our efforts be concentrated on the proper isolation of advanced pulmonary cases. Some measure of compulsory powers to enable a Local Authority to remove and detain such cases might be necessary, but the question of prevention of Tuberculosis is far too serious and the cost of the national campaign too great to permit of the perpetuation of a policy that, in effect, serves only to propagate tubercular seed on its most fertile soil—the homes of the poor. The grasp of the man of mettle on the advanced cases is necessary to forcibly silence the voice of infection, and if the Sanatorium policy of to-day continues to

fail us, then we must proceed to make suitable local provision for the more efficient control of our advanced cases. A few years strenuous supervision of such cases, and then we would be able truly to claim that Tuberculosis was really on the run.

Infant Welfare.—Once again I have the satisfaction of reporting an increase in the number of births notified, the returns showing an increase from 92 to 95 per cent. The Midwifery service continues sufficient and satisfactory, and during the year under review a larger proportion of the Midwifery work fell to their share than usual. Last year 164 out of 802 cases were attended by midwives—this year 170 out of 773. The total number of deaths of new-born children (within ten days) was 26, of which 8 occurred in the practice of midwives. The number of still births was 41, of which 6 occurred with the midwives, the remaining 35 still births occurring in the practice of doctors. 7 cases of Ophthalmia Neonatorum were notified, only one of which required hospital treatment, and no permanent impairment of vision resulted in any of the notified cases. 7 cases of Puerperal Fever were notified, but they were all of a mild type and no fatal case resulted. During the year 20 cases of emergency in the practice of midwives, necessitating the calling in of doctors, were reported to me. I submit the usual list, detailing the nature of these emergencies :—

1. Delayed labour and malpresentation	4 cases.
2. Perineal repairs	5 cases.
3. Still births	2 cases.
4. Retained Placenta	2 cases.
5. High temperature of mother	1 case.
6. Various illnesses of child	4 cases.
7. Miscarriage	1 case.
8. Hœmatomia	1 case.

The Health Visitor made 455 initial visits, 5510 subsequent visits, and 45 ante-natal visits—a heavy record of work, convincing evidence of the need for an extra health visitor. It has for some time been decided that extra clinics should be opened at Townhill and Kingseat as part of a general extension of Infant Welfare Work, and the transference of the Clinic from Bridge Street to the Carnegie Clinic in Inglis Street has been decided upon. One Health Visitor cannot possibly cope with the programme of work sketched out, and it is to be hoped that the new appointment will take place before the habitation of the Clinic is changed.

Infant Mortality Rate.—Our Infantile Mortality rate, after the usual corrections for transfers, was 75 per 1000 births—the second lowest I have ever been able to record. As already mentioned, our birth rate was low, so that the infantile mortality rate is all the more satisfactory. On analysing the causes of death, we find that diseases of early infancy and malformation, *i.e.*, congenital debility were responsible for practically 50 per cent. of the deaths. Anything like a reasonable reduction in this class would have a very marked influence on our infantile mortality rate. Amongst the other causes, Pneumonia was the largest contributor, accounting for 8 out of the 55 deaths. There were 3 deaths from Measles, 1 from Scarlet Fever, and none from Diphtheria.

The following table gives the causes of death :—

Measles	3
Whooping Cough	1
Influenza	2
Other Epidemic diseases	1
Tubercular Meningitis	1
Bronchitis	1
Pneumonia	8
Diarrhœa and Enteritis	4
Diseases of Early Infancy and Malformation	27
Other Violent Deaths	1
Other defined Diseases	5
Causes Unknown	1
Total	55

The General Sanitary condition of the Burgh continues satisfactory, and for details in regard to the water supply, drainage and housing, reference must be made to the carefully compiled report of Mr Kennedy.

As this will be the last report it will be my privilege to submit, I beg to take the opportunity of thanking all the officials, past and present, with whom I have co-operated, for their kind assistance, readily granted at all times. The development of public health needs has necessitated the appointment of a whole-time Medical Officer of Health, and I am proud to think that in taking up his new duties my successor will find at his command an organisation functioning freely both in its defensive and offensive aspects. We live in a progressive world, and ten years later many of the pressing health problems of to-day will be solved. Diphtheria has been conquered; Tuberculosis is now being vigorously attacked, and soon, when the advanced cases are more firmly handled, we may confidently expect a waning of its penetrative power; Housing accommodation all over the Burgh is rapidly improving, and one by one our slum areas are being blotted out. Our Infant Welfare Work is developing slowly but surely; Davaar is pressing steadily towards the higher standard of a Hospital; our Fever Hospital accommodation is ample and thoroughly efficient, and our General Hospital accommodation is on the brink of a much-needed extension. Such definite signs of progress tell us that the problems of yesterday are being solved, but to-morrow will bring a fresh crop, and the greatest of all, so far as its influence on human mortality is concerned, will be the conquest of Cancer—the hydraheaded.

I have the honour to be,

Your obedient servant,

ALISTAIR J. MACGREGOR, M.D. (Edin.), D.P.H.,
Medical Officer of Health.

Priory,
Dunfermline, 31st May 1926.

Andrew Balfour Esq
Director
Institute of Historical Research
Malet Street
W.C.1